

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: <b>13</b>				
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY Date Received				
	NICKNAME	LAST	SUFFIX					
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE			
5 CAMPAIGN TREASURER NAME		TITLE	FIRST	MI				
		NICKNAME	LAST	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;		STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)						
9 PERIOD COVERED		Month	Day	Year	THROUGH	Month	Day	Year
10 ELECTION		Month	Day	Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE		OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages		** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: Address / PO Box; Apt. / Suite #; City; State; Zip Code:						

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

MARC WHITEHEAD

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,445.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 5,258.18

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marc Whitehead, this the 8<sup>th</sup> day of January, 2002, to certify which, witness my hand and seal of office.

Lisa M. Schofield      Lisa M. Schofield      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1/4

2 FILER NAME

MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-31-01

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

MOSTYN LAW FIRM

6 Contributor address; City, State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10-31-01

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

PARVIZIAN & SONS

Contributor address; City, State; Zip Code

[REDACTED]

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-31-01

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JUDITH BROKAW AND ASSOCIATES, P.C.

Contributor address; City, State; Zip Code

[REDACTED]

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-31-01

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

FREDERICK D. KELLY & ASSOCIATES

Contributor address; City, State; Zip Code

[REDACTED]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-31-01

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

THE TALASKA LAW FIRM

Contributor address; City, State; Zip Code

[REDACTED]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2/4

2 FILER NAME

MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date

10.31.015 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)GEORGE T. ELLIS

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

250<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10.31.01Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)MARY JANE OR JIM LINDSEY

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10.31.01Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)BRENDA K. WHITEHEAD

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11.2.01Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)JIM S. ADLER

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11.16.01Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)RICHARD P. BIANCHI

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

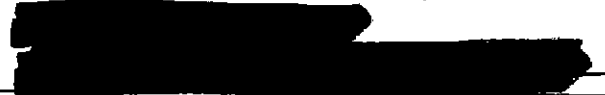

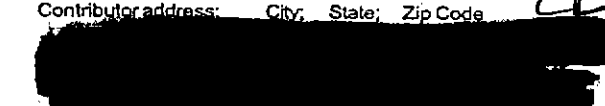


Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>3/4</b>	
2 FILER NAME <b>MARC WHITEHEAD</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11-16-01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DAVID H. BERG</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>11-16-01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROBERT E JR. AND SUSAN H. GATES</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>11-16-01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KINGWOOD AREA DEMOCRATS CLUB</b>	Amount of contribution (\$) <b>300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>11-16-01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GREATER HEIGHTS DEMOCRATIC CLUB</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>11-16-01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>REYES, PEYES-CASTILLO</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: <u>4/4</u>	
2 FILER NAME <u>Marc Whitehead</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>12.31.01</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kathleen Stone</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>12.31.01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Talaska Law Firm</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <u>12.31.01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joy Demark</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <u>12.31.01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Suzi Gerstenhaber</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <u>12.31.01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Julia Jackson Lusby</u>	Amount of contribution (\$) <u>20.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule B1:  
10/1

2 FILER NAME MARC WHITEHEAD 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;      City;   State;   Zip Code		
	<u>N/A</u>		

10 Principal occupation (optional)      11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		

Principal occupation (optional)      Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		

Principal occupation (optional)      Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		

Principal occupation (optional)      Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		

Principal occupation (optional)      Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1/1

2 FILER NAME

MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

N/A

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1/2

2 FILER NAME  
MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date  
10-29-01

5 Payee name  
THE KALEIDOSCOPE GROUP, INC.  
6 Payee address; City; State; Zip Code  
5757 WOODWAY, STE 250  
HOUSTON, TX 77057

7 Amount (\$)  
3200-00

8 Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN ADVERTISEMENT

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
10-31-01

Payee name  
WESTECH  
Payee address; City; State; Zip Code  
5630 N. ELDRIDGE PKWY # 850-107  
HOUSTON, TX 77041

Amount (\$)  
500-00

Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN RESEARCH

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
10-31-01

Payee name  
COPY.COM  
Payee address; City; State; Zip Code  
1201-F WESTHEIMER  
HOUSTON, TX 77097-0047

Amount (\$)  
237-21

Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN PRODUCT RESEARCH

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11-01-01

Payee name  
SOUTHWESTERN BELL  
Payee address; City; State; Zip Code  
P.O. Box 1550  
HOUSTON, TX 77097-0047

Amount (\$)  
65-71

Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN TELEPHONE

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/2

2 FILER NAME  
MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date  
11-2-01

5 Payee name  
SPRINT DIGITAL PRINT

7 Amount (\$)  
1163.69

6 Payee address; City; State; Zip Code  
10100 WOODWAY, SUITE 250  
HOUSTON, TEXAS 77080

8 Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN PRODUCT PRINTING

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11-5-01

Payee name  
COPY.COM

Amount (\$)  
66.57

Payee address; City; State; Zip Code  
1201-F WESTHEIMER  
HOUSTON, TX 77063

Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN PRODUCT PRINTING

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11-6-01

Payee name  
HATTIE CONNER

Amount (\$)  
25.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
GOTV.

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 1

2 FILER NAME

MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	N/A	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: <b>10/1</b>
2 FILER NAME <b>MARC WHITEHEAD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
6 Business address; City; State; Zip Code <b>N/A</b>		
8 Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1 of 1

2 FILER NAME

MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

N/A

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED